

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 1151 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 10<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elmer Chalmers

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, Months, 24 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } No 1015 1/2 Carey St

Cause of Death, { First (Primary), . Second (Immediate), Traitor }

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Oliver

Date of Burial, July 11<sup>th</sup> 1887

{ Undertaker, Wm. Weaver

{ Place of Business, 738 N. Eutaw

McMarwe

M. D.

Medical Attendant.

Address, 901 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

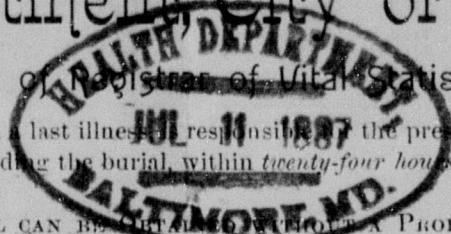
Permit No. **A 1152**

Office of the Registrar of Vital Statistics.

Ward **20**

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, **87** Years,

Months,

Color,

**White**

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary),  
Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **Linden Park**Date of Burial, **July 13/87**{ Undertaker, **J. B. Cook**{ Place of Business, **1003 Battle St.**

**Housekeeper  
Balt. Co.  
Over fifty years  
844 Edmonston Av  
Sufficing &  
Brain  
One Month**

**William M. D.**  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Board of Health, City of Baltimore,

Permit No. A

1153

Office of Registrar of Vital Statistics.

Ward

18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PAPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

Date of Death, July 10<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two Years, eight Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Balto - City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 1121 Cleveland St

Cause of death, { First, (Primary,) Hot weather }

Second, (Immediate,) Bilious Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 13 / 87

{ Undertaker, J. B. Cook }

{ Place of Business, 1003 W. Balt.

M. D.,

Medical Attendant.

Address, # 1511 N. Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

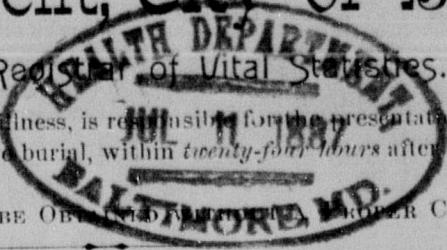
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore

Permit No. A 1157

Office of Registrar of Vital Statistics.

Ward 6<sup>n</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles H. Schalek

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age,

7

Months,

8

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Balto. Md.

Occupation,

Birth Place, { State or country, and how long in the United States. if of foreign birth.

Duration of Residence in the City of Baltimore,

S.W. Eden &amp; Hallins St

Place of Death, { Give Street and Number.

Cholera Inflammation  
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore L.

Dr. B. Bellinger M. D.  
Medical Attendant.

Date of Burial, July 12

Undertaker, W. Dippel

Place of Business, 151 E. Bond Address, 1206 E. Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1155 Office of Registrar of Vital Statistics. Ward 12<sup>o</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PAPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 10

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Boarmann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 0 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 815 Madison ave

Cause of Death, { First (Primary), Enterovirus, Anulsion, Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, July 12<sup>th</sup>

{ Undertaker, Andrew Rohde

{ Place of Business, 730 Penn Ave

Peterawitz M. D.  
Medical Attendant.  
Address, 949 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department City of Baltimore.

Permit No. A 1156 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT THIS VITAL CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 10. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Segrist

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 87 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bavaria, Germany

Duration of Residence in the City of Baltimore, about 33 years

Place of Death, { Give Street and Number. } \* 1307 Wolfe Street

Cause of Death, { First (Primary). } Old age

{ Second (Immediate). } General debility

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 12 1884

Undertaker, Henry Scott

{ Place of Business, 1023 Pennsylvania Address, 1212 E. Bedell St.

John H. Conran M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks above, and to list of Diseases on back of this paper.

# Health Department City of Baltimore.

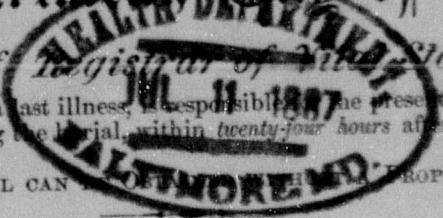
Permit No. A 1157

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

July 10<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Grattoll

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Years,

Months,

Days.

30

Color,

5

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Caterer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lifetime

Duration of Residence in the City of Baltimore,

1029 Somerset

Place of Death, { Give Street and Number. }

Phthiri

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Lembr

H. T. Remond M. D.

Date of Burial, July 12 1887

Medical Attendant.

Undertaker, Henry Herkison

Place of Business, 1023 Hanover Address.

722 Airy St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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# Health Department, City of Baltimore.

Permit No. A 1158 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 10/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr P Schenck

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 20 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1021 Central ave

Cause of Death, { First (Primary), }

Sedation

Second (Immediate),

In anation

Duration of Last Sickness,

several weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 11. 1887

Undertaker, Henry Koestler & Son

Place of Business, 1027 Central Ave

Address, 1123 Valley St

H. Warner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Board of Health, City of Baltimore,

Permit No. A 1159 Office of Registrar of Vital Statistics. Ward 125

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

Date of Death,

July 9 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Gustav Kessmadel

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months, 2 hours

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

None

Birthplace, { State or country, and how long in the United States. }

Baltimore

Duration of Residence in the City of Baltimore, 2 hours

Place of Death, { Give street and Number. }

572 Wilson St

Premature birth

Cause of Death, {

First (Primary),

Second (Immediate).

"

Duration of Last Sickness,

2 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial,

July 11th

A. Chivita

M. D.

Medical Attendant.

Undertaker

Gustav Kessmadel

Place of Business,

Coroner Caroline &amp; Address, 1821 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1160 Office of Registrar of Vital Statistics. Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 10 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria A. Cohan

Sex, Male or Female, { Cross out the word not required in this line. }

FEMALE

Age, 50

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Grocer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, { Give Street and Number. }

315 E. High St.

Cause of Death, { First (Primary),

Chorea morbus

Second (Immediate),

collapse

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 12<sup>th</sup> 1884

A. J. Arnold M. D.

Medical Attendant.

{ Undertaker, Henry H. Mears

{ Place of Business, 413 E. Fayette Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]